

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Together Fund PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garvin, Michele, M, ,

Mailing Address 640 Harland St

City
MiltonState
MAZip Code
02186-5270FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Boston Children's HospitalOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2020

Transaction ID : 12998166

Amount of Each Receipt this Period

250.00

☐ Memo Item

* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ACTBLUE

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

38799.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2020

Transaction ID : 12998166E

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gates, Henry, Louis, , Jr

Mailing Address 17 Traill St

City

Cambridge

State

MA

Zip Code

02138-4738

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Harvard UniversityOccupation (for Individual)
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2020

Transaction ID : 13079215

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5250.00